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CHAMBERS, JUDGE, CLARK COUNTY
CLERK'S OFFICE, LAS VEGAS, NEVADA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

11 NAPASTATE Plaintiff,
12 vs. HOSPITAL STAFF

CASE NO. _____

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS** *JF*

14 RAYMOND King FERNANDES Defendant
15

(PR)

16 I, RAYMOND KING FERNANDES declare, under penalty of perjury that I am the
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: _____ Net: _____

27. Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

4 SSI disabled \$750.00

5
6
7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

9 a. Business, Profession or Yes No X
10 self employment
11 b. Income from stocks, bonds, Yes No △
12 or royalties?
13 c. Rent payments? Yes No X
14 d. Pensions, annuities, or Yes No △
15 life insurance payments?
16 e. Federal or State welfare payments, Yes No △
17 Social Security or other govern-
18 ment source? NO

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 _____
22 _____
23 3. Are you married? Yes No △

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
2 support and indicate how much you contribute toward their support. (NOTE:
3 For minor children, list only their initials and ages. DO NOT INCLUDE
4 THEIR NAMES.).

7 5. Do you own or are you buying a home? Y N

9 6. Do you own an automobile? Yes No X

10 Make Year Yes No

11 Is it financed? Yes No If so, Total amount _____

12 Monthly Payment: \$ 120

Семинар "Реализация проектов в сфере здравоохранения в Азербайджане".

13 7. Do you have a bank account? Yes No X (Do not include account numbers.)
14 Name(s) and address (s):

14 Name(s) and address(es) of bank: _____
15 _____

16 Program 41-1 1990

17 Do you own any cash? Yes No Amount: \$

18 Do you have any other assets? (If "yes," provide a description of each asset and its value.)

9 market value.) Yes No

0

1 8. What are your monthly expenses?

2 Rent: \$ 120 Utilities: 10

3 Food: \$ 100 Utilities: 50 Clothing: 200

Charge Accounts: Clothing:

Name of Account Month

Monthly Payment Total Owed on This Acc

_____ \$ _____ \$ _____

_____ 66 _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.) No

3 _____
4 _____
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes X No _____

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 AGAINST- ALAMEDA COUNTY C-07-8015
10 U.S. DISTRICT COURT 9TH CIR SAN FRANCISCO

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 5-16-2008
16 _____

17 DATE

Ray Fernandez
18 SIGNATURE OF APPLICANT

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1
2 Case Number: _____
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10 CERTIFICATE OF FUNDS
11 IN
12 PRISONER'S ACCOUNT

13 I certify that attached hereto is a true and correct copy of the prisoner's trust account
14 statement showing transactions of RAYMOND K. FERNANDEZ [prisoner name] for the last six months
15 Napa State Hospital [name of institution] where (s)he is confined.

16 I further certify that the average deposits each month to this prisoner's account for the
17 most recent 6-month period were \$ _____ and the average balance in the prisoner's
18 account each month for the most recent 6-month period was \$ _____.

19 Dated: _____

20 _____ [Authorized officer of the institution]
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**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

4/11/2008

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9:04:02AM

**TRUST ACCOUNT / CASHIERS' SYSTEM II
LEDGER ACTIVITY FROM 01/01/2008 TO 03/31/2008**

PATIENT NO.: 2073344

WARD NO: Q5

PATIENT NAME: FERNANDEZ, RAYMOND

ADMIT: 12/05/2007

DATE	DOCUMENT NO.	DEPOSIT	WITHDRAW	ENCUM-BRANCE	CURRENT BALANCE	COMMENTS
01/05/2008	075550	\$12.50			\$12.50	\$12.50 Receipts
01/10/2008	154989		\$12.50		\$0.00	cl v533
02/04/2008	075609	\$12.50			\$12.50	\$12.50 Receipts
02/07/2008	155154		\$12.50		\$0.00	cl v610
03/05/2008	075697	\$12.50			\$12.50	\$12.50 Receipts
03/10/2008	155380		\$12.50		\$0.00	cl v690
***** CURRENT BALANCE		\$0.00				

PLEASE BE ADVISED THAT EFFECTIVE 4/11/2008 THE TRUST ACCOUNT IN YOUR NAME LOCATED IN THE CASHIERS OFFICE HAS A BALANCE OF \$0.00. THESE FUNDS ARE HELD PURSUANT TO SECTION 7281 OF THE WELFARE AND INSTITUTION CODE FOR YOUR BENEFIT. A STATEMENT SUCH AS THIS WILL BE SENT TO YOU QUARTERLY.